Substitute for Form PTO-875 APPLICATION AS FILED - PART I					App	Application or Docket Number		
	(Column 1)	- PART (Column 2)	014			07	150 Turn	
FOR BASIC FEE	NUMBER FILED		OMALL		OR	OTHER THAN SMALL ENTITY		
(37 CFR 1.16(a), (b), or (c))		NUMBER EXTRA	RATE	S) FEE	(2)			
SEARCH FEE (37 CFR 1.16(k), (i), or (m))					4	RATE (\$	FEE	
EXAMINATION EEE					\dashv			
(37 CFR 1.16(0), (p), or (q)) TOTAL CLAIMS			7		_		. 1	
(37 CFR 1.16(I))	minus 20 =		┥┝──		1			
INDEPENDENT CLAIMS (37 CFR 1.16(h))			x	-	\neg			
	If the specification	•	×		OR		=	
APPLICATION SIZE	If the specification and sheets of paper, the applies \$250 (\$125 for small)	drawings exceed 100	1		_	х .	=	
(37 CFR 1 16(s))	is \$250 (\$125 for small	onlity) for each	11	1	1			
	additional 50 sheets or t 35 U.S.C. 41(a)(1)(G) ar	raction thereof. See	11	1	- []			
MULTIPLE DEPENDENT O	LAIM PRESENT (37 CFR 1.16				1 1		1	
II th = 470	DAMERESENT (37 CFR 1.16	5(1))			7 1			
in the difference in column	1 is less than zero, enter "0" i	1 Column 2	, r		-			
APPLICAT	ION AS AMENDED – F	2.	TOTAL			TOTAL		
= - = - 1, 1,	ON NO MINENDED - P	ART II			_	TOTAL	L	
	ımı 1) (Cot	umn 2) (Column 3)						
CL REM	AIMS HIGH	(======================================	SMALL	ENTITY	OR	OTHER	THAN	
AF CONT	TER NUM	1	RATE (\$)	400	7 6	SMALL	ENTITY	
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Total (3) CFR 1 (6(1)) Independent (3) CFR 1 (6(n))	p Minus 36	, =		FEE (\$)	l L		TIONAL FEE (\$)	
(37 CFR 1 16[m])	Minus ···		× 00 =		OR X	50:		
Application Size Fee	CFR 1 16(s))		x 100 =					
FIRST PRESENTATION OF	MULTIPLE DEPENDENT CLAIM				OR X	200-		
	MOCTATE DEPENDENT CLAIL	(37 CFR 1 16(J))			<u> </u>			
			TOTAL		OR			
(Column	(1)		ADD L FEE		OR AC	OTAL OD'L FEE		
CLAIN	1S (Colum	n 2) (Column 3)	_		7.0	Circe L		
REMAIN AFTEI	NUMBE	R PRECEUT	DAYE					
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3, Ctd 1 16(5)1	Minus		Х =		OR X		FEE (\$)	
Application Size Fee (37 CF	R 1 16(s))		λ =		OR X			
IRST PRESENTATION OF ME	TIPLE DEPENDENT CLAIM (3				OR X	=		
- 0	TIFLE DEPENDENT CLAIM (3	CFR 1 16(j))						
	ithan the entry in column 2. I Justy Paid For IN JHIS SPAC		TOTAL		OR	1		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

This collection of information is required by 37 CFR 1 16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS.